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# NOTICE OF ALLOWANCE AND FEE(S) DUE

000530

7590

05/13/2004

LERNER, DAVID, LITTENBERG, KRUMHOLZ & MENTLIK 600 SOUTH AVENUE WEST WESTFIELD, NJ 07090 EXAMINER
BUDD, MARK OSBORNE

ART UNIT PAPER NUMBER

DATE MAILED: 05/13/2004

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/988,997      | 11/21/2001  | Todd Fjield          | TRANS 3.0-037       | 9697             |

TITLE OF INVENTION: ULTRASOUND TRANSDUCER UNIT AND PLANAR ULTRASOUND LENS

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES          | \$665     | \$300           | \$965            | 08/13/2004 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE REFLECTS A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE APPLIED IN THIS APPLICATION. THE PTOL-85B (OR AN EQUIVALENT) MUST BE RETURNED WITHIN THIS PERIOD EVEN IF NO FEE IS DUE OR THE APPLICATION WILL BE REGARDED AS ABANDONED.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status is changed, pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above and notify the United States Patent and Trademark Office of the change in status, or

If the SMALL ENTITY is shown as NO:

- A. Pay TOTAL FEE(S) DUE shown above, or
- B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check the box below and enclose the PUBLICATION FEE and 1/2 the ISSUE FEE shown above.
- □ Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- II. PART B FEE(S) TRANSMITTAL should be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). Even if the fee(s) have already been paid, Part B Fee(s) Transmittal should be completed and returned. If you are charging the fee(s) to your deposit account, section "4b" of Part B Fee(s) Transmittal should be completed and an extra copy of the form should be submitted.
- III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (703) 746-4000

| INSTRUCTIONS: This for appropriate. All further co-<br>indicated unless corrected maintenance fee notification                                                                                             | orm should be used for tran<br>rrespondence including the l<br>below or directed otherwise<br>ns.                                                                                                                                                                                       | smitting the ISSUE FEE and<br>Patent, advance orders and not<br>in Block 1, by (a) specifying                                                                                                                                                                                            | PUBLICATION FEE (if requification of maintenance fees a new correspondence address | uired). Blocks 1 through 4 s<br>will be mailed to the current<br>s; and/or (b) indicating a sep                                                                | should be completed where<br>correspondence address as<br>arate "FEE ADDRESS" for        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                         | with any corrections or use Block 1)                                                                                                                                                                                                                                                     | Fee(s) Transmittal, T                                                              | f mailing can only be used this certificate cannot be used all paper, such as an assignment of mailing or transmission.                                        | for any other accompanying                                                               |
|                                                                                                                                                                                                            | 590 05/13/2004                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                          | have its own certificat                                                            | te of mailing or transmission.                                                                                                                                 | · · ·                                                                                    |
| LERNER, DAVI<br>KRUMHOLZ & N<br>600 SOUTH AVE<br>WESTFIELD, NJ                                                                                                                                             | NUE WEST                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                          | I hereby certify that t<br>States Postal Service<br>addressed to the Ma            | rtificate of Mailing or Tran<br>his Fee(s) Transmittal is beir<br>with sufficient postage for fi<br>il Stop ISSUE FEE address<br>PTO, on the date indicated be | g deposited with the United<br>st class mail in an envelope<br>above, or being facsimile |
| WESTI IEEE, 143                                                                                                                                                                                            | 07050                                                                                                                                                                                                                                                                                   | * *                                                                                                                                                                                                                                                                                      | * *                                                                                |                                                                                                                                                                | (Depositor's name)                                                                       |
|                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                          |                                                                                    | *                                                                                                                                                              | (Signature)                                                                              |
| **                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                         | <b>₹</b>                                                                                                                                                                                                                                                                                 |                                                                                    |                                                                                                                                                                | (Date)                                                                                   |
| APPLICATION NO.                                                                                                                                                                                            | FILING DATE                                                                                                                                                                                                                                                                             | FIRST NAME                                                                                                                                                                                                                                                                               | DAMENTOR                                                                           | ATTORNEY DOCKET NO                                                                                                                                             | CONTRIBUTATION NO                                                                        |
|                                                                                                                                                                                                            | 1                                                                                                                                                                                                                                                                                       | FIRST NAME                                                                                                                                                                                                                                                                               |                                                                                    | ATTORNEY DOCKET NO.                                                                                                                                            | CONFIRMATION NO.                                                                         |
| 09/988,997                                                                                                                                                                                                 | 11/21/2001                                                                                                                                                                                                                                                                              | Todd                                                                                                                                                                                                                                                                                     |                                                                                    | TRANS 3.0-037                                                                                                                                                  | 9697                                                                                     |
| TITLE OF INVENTION: U                                                                                                                                                                                      | ILTRASOUND TRANSDUC                                                                                                                                                                                                                                                                     | CER UNIT AND PLANAR ULT                                                                                                                                                                                                                                                                  | FRASOUND LENS                                                                      |                                                                                                                                                                |                                                                                          |
|                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                          |                                                                                    |                                                                                                                                                                | ž                                                                                        |
| APPLN, TYPE                                                                                                                                                                                                | SMALL ENTITY                                                                                                                                                                                                                                                                            | ISSUE FEE                                                                                                                                                                                                                                                                                | PUBLICATION FEE                                                                    | TOTAL FEE(S) DUE                                                                                                                                               | DATE DUE                                                                                 |
| nonprovisional                                                                                                                                                                                             | YES                                                                                                                                                                                                                                                                                     | \$665                                                                                                                                                                                                                                                                                    | \$300                                                                              | \$965                                                                                                                                                          | 08/13/2004                                                                               |
| EXAM                                                                                                                                                                                                       | MINER                                                                                                                                                                                                                                                                                   | ART UNIT                                                                                                                                                                                                                                                                                 | CLASS-SUBCLASS                                                                     | ]                                                                                                                                                              |                                                                                          |
| BUDD, MAR                                                                                                                                                                                                  | K OSBORNE                                                                                                                                                                                                                                                                               | 2834                                                                                                                                                                                                                                                                                     | 310-335000                                                                         | -                                                                                                                                                              |                                                                                          |
| Address form PTO/SB/1:  "Fee Address" indicati PTO/SB/47; Rev 03-02 (Number is required.  3. ASSIGNEE NAME AND                                                                                             | ion (or "Fee Address" Indicat<br>or more recent) attached. Use<br>D RESIDENCE DATA TO B                                                                                                                                                                                                 | ion form firm (havi                                                                                                                                                                                                                                                                      | Γ (print or type)                                                                  | attorney or 2tered patent d, no name 3                                                                                                                         | ate when an assignment has                                                               |
| (A) NAME OF ASSIGN                                                                                                                                                                                         | EE                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                          | CE: (CITY and STATE OR CO                                                          |                                                                                                                                                                | igimient.                                                                                |
| Y                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                          |                                                                                    |                                                                                                                                                                |                                                                                          |
|                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                          | <u>*</u>                                                                           |                                                                                                                                                                | j.                                                                                       |
|                                                                                                                                                                                                            | <del></del>                                                                                                                                                                                                                                                                             | ries (will not be printed on the p                                                                                                                                                                                                                                                       |                                                                                    | corporation or other private g                                                                                                                                 | roup entity                                                                              |
| 4a. The following fee(s) are ☐ Issue Fee                                                                                                                                                                   | enciosed:                                                                                                                                                                                                                                                                               | 4b. Payment of                                                                                                                                                                                                                                                                           | ree(s):  n the amount of the fee(s) is en                                          | ologad                                                                                                                                                         |                                                                                          |
| ☐ Publication Fee                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                          | by credit card. Form PTO-2038                                                      | •                                                                                                                                                              |                                                                                          |
| ☐ Advance Order - # of                                                                                                                                                                                     | Copies                                                                                                                                                                                                                                                                                  | The Direct                                                                                                                                                                                                                                                                               | ctor is hereby authorized by c                                                     | harge the required fee(s), or                                                                                                                                  | credit any overpayment, to                                                               |
| Director for Patents is reque                                                                                                                                                                              | sted to annly the Issue Fee an                                                                                                                                                                                                                                                          | nd Publication Fee (if any) or to                                                                                                                                                                                                                                                        | ount Number                                                                        | (enclose an extra c                                                                                                                                            |                                                                                          |
|                                                                                                                                                                                                            | sted to apply the issue i ce an                                                                                                                                                                                                                                                         | id I doncation I cc (ii any) or to                                                                                                                                                                                                                                                       | re-apply any previously paid i                                                     | ssue ree to the application rue                                                                                                                                | intified above.                                                                          |
| (Authorized Signature)                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                         | (Date)                                                                                                                                                                                                                                                                                   |                                                                                    | -                                                                                                                                                              | . ****                                                                                   |
| other than the applicant:                                                                                                                                                                                  | d Publication Fee (if require<br>a registered attorney or age<br>cords of the United States Pat                                                                                                                                                                                         | ed) will not be accepted from ant; or the assignee or other patent and Trademark Office.                                                                                                                                                                                                 | anyone<br>arty in                                                                  |                                                                                                                                                                |                                                                                          |
| obtain or retain a benefit application. Confidentiality estimated to take 12 minut completed application for case. Any comments on suggestions for reducing the Patent and Trademark (22313-1450. DO NOT S | tion is required by 37 CFR by the public which is to fill y is governed by 35 U.S.C. It is test to complete, including gam to the USPTO. Time will the amount of time you rehis burden, should be sent to Office, U.S. Department of CEND FEES OR COMPLET for Patents, Alexandria, Virg | 1.311. The information is require (and by the USPTO to proce 22 and 37 CFR 1.14. This collect thering, preparing, and submitt livery depending upon the indequire to complete this form to the Chief Information Office of Commerce, Alexandria, VIED FORMS TO THIS ADD inia 22313-1450. | ired to ess) an ction is ing the ividual and/or r, U.S. irginia RESS.              |                                                                                                                                                                | * *                                                                                      |

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| 600 SOUTH AV                                     | VENUE WEST      |                      | ART UNIT                | PAPER NUMBER     |
| WESTFIELD, N                                     | VJ 07090        |                      | 2834                    | 0.0              |
|                                                  |                 | *                    | DATE MAILED: 05/13/2004 | 4                |

## Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 161 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 161 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) system (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (703) 305-1383. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at (703) 305-8283.